

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03030

3052

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Princess Anne		6 mo.		TOWN Kingston		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED: (First) (Middle) (Last)			4. DATE OF DEATH: (Month) (Day) (Year)				
Enoch Olden Barnes			March 28, 1955				
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Male	White	Widowed	Aug. 3, 1878	76 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Farmer		Self Employed		Kingston, Maryland		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Parker Barnes				Marcella Lankford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
(If Yes, give war or dates of service)		212-16-1976		Mrs. H. L. Griffin - Route 1 - Princess Anne,			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
420.1 Immediate cause (a) Coronary Thrombosis						5 hrs.	
Antecedent causes (s) (b) Hypertensive Cardiovascular Disease						3 years	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) Uremia						2 weeks.	
11. OTHER SIGNIFICANT CONDITIONS						6 weeks.	
Conditions contributing to the death but not related to the disease or condition causing death. Acute Urinary Retention							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		OF INJURY		Rt 1 Princess Anne Somerset		Md.	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 14, 1955, to Mar 28, 1955, that I last saw the deceased alive on Mar 26, 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.							
SIGNATURE		(Degree or title)		ADDRESS		DATE SIGNED	
B. J. Frank Gigante Md.				20 Prince William St Princess Anne		3/28/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		3/30/55		Rehobeth Presbyterian Cem.		Rehobeth, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3/28/55		K. S. Johnson M.D.		Grashaw & Sons-531 Main St. - Annapolis, Md.			

3685

BUREAU V. S.

MAR 30 1955

RECEIVED

3053

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Md.	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) Pocomoke	LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD		STREET ADDRESS (If rural give location) RFD	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
OLIVER PITTMAN CAREY		OF DEATH: 3 15 19 55	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Nov 15, 1896
		9. AGE last birthday 58 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Retired Farmer		10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: J. Lee Carey		14. MOTHER'S MAIDEN NAME: Martha Ellen Townsend	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Mrs. Louise M. Carey, Pocomoke, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE		(A) Cerebral Hemorrhage	
ANTECEDENT CAUSE (B)		Cerebral Atherosclerosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(C) Myocardial Insufficiency	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Coronary Artery Heart Disease	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Dec 24, 1951, to Mar. 13, 1955 that I last saw the deceased alive on Mar. 13, 1955, and that death occurred at M, from the causes and on the date stated above.			
SIGNATURE David E. Brown		M. D. Salisbury Md. Mar. 17, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3/18/55	
NAME OF CEMETERY OR CREMATORY Baptist Cemetery		LOCATION (City, town, or county) Pocomoke, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/14/55		24. FUNERAL DIRECTOR ADDRESS	
REGISTRAR'S SIGNATURE Mrs. Orville Bowman		Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 28 1955

BUREAU V. S.

3946 . CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		lifetime		39 TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 810 W. Main St.				1 810 W. Main St.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) JOHN		(Middle) WILLIAM		(Last) CARMAN		(Month) (Day) (Year)	
(Type or Print)						March 3 19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:		IF UNDER 1 YEAR IF UNDER 24 HRS.	
male	white	married	May 1, 1891	63 yrs.		Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) waterman				10b. KIND OF BUSINESS OR INDUSTRY: for himself		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
13. FATHER'S NAME: James Carman				14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		(If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
✓ yes		WWI		220-09-1293		Richardson Ave. Charles L. Carman—Crisfield, Md.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				Interval Between Onset And Death	
420.1 Immediate cause (a) Coronary Thrombosis				6 hrs.	
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950, to March 3, 1955, that I last saw the deceased alive on March 3, 1955, and that death occurred at 7:30 a.m., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
burial		March 5, 1955		American Legion Cemetery	
				LOCATION (City, town, or county) (State)	
				Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
3-5-55		Betty W. Tyler		ADDRESS	
				Bradshaw & Sons—Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 7 1955

BUREAU V. S.

3047

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		25 years		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
157 S. 4th St.				157 S. 4th St.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) CHARLOTTE		(Middle) PERINTHA		(Last) DOUGLAS		(Month) (Day) (Year)	
(Type or Print)						March 13 19 55	
5. SEX:	5. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
female	colored	married	November 4, 1907	47 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
laborer				Seafood Industry		Chester, Penna.	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Walter Brown				Della Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
no				213-10-7270		Lincoln Douglas--157 S. 4th St.-Crisfield, Md.	

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				15 min.	
420.1 Immediate cause (a) Coronary occlusion					
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 13, 1955, to Mar 13, 1955, that I last saw the deceased alive on Mar 13, 1955, and that death occurred at 7:30 PM, from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		DATE SIGNED	
C. Rawley M.D.				Crisfield, Md.	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
burial		March 18, 1955		Lawsonia Cemetery	
LOCATION (City, town, or county) (State)		Crisfield, Md.			
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
3/18/55		Betty W. Tyler		ADDRESS	
				Bradshaw & Sons-531 Main St.-Crisfield, Md.	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 21 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03034
3048 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 TOWN Crisfield		30 years		39 TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00 50 Chesapeake Ave.				50 Chesapeake Ave.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) ELLA		(Middle) BOND		(Last) EVANS		(Month) (Day) (Year)	
(Type or Print)						March 29 19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	10. CITIZEN OF WHAT COUNTRY?		
female	white	married	March 5, 1887	68 yrs.	USA		
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
housewife		Domestic		Holland's Island, Md.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
McKinley Walters				Amanda Pruitt			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
no		---		50 Chesapeake Ave. William L. Evans-- Crisfield, Md.			

18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1 Immediate cause (a) Coronary infarction of myocardium, recurrent							
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED		HOW DID INJURY OCCUR?			
OF INJURY		While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Feb. 27, 1953, to Mar. 29, 1955, that I last saw the deceased alive on Mar. 28, 1955, and that death occurred at 5:00 a.m., from the causes and on the date stated above.							
SIGNATURE		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Robert F. Lewis		Mar. 31, 1955		Crisfield Cemetery		Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
3/31/55		Betty W. Tyler		Bradshaw & Sons--531 Main St.--Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 4 1965

RECEIVED

3054

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Somerset CITY (If outside corporate limits, write RURAL OR TOWN) Pocomoke HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway RFD, Route 13		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke STREET ADDRESS Highway RFD, Route 13	
3. NAME OF DECEASED: (First) JOHN (Middle) (NMI) (Last) HAYDUCHOK		4. DATE (Month) (Day) (Year) OF DEATH: March 22, 1955	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Feb 14, 1919
9. AGE last birthday 36 yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney		10B. KIND OF BUSINESS OR INDUSTRY: Law	
11. BIRTHPLACE (State or foreign country): Pennsylvania		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Michael Hayduchok		14. MOTHER'S MAIDEN NAME: Susan Fitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give year or dates of service) Yes ✓ WWII		16. SOCIAL SECURITY NO. 211-24-8669	
17. INFORMANT & ADDRESS: Cecilia Hayduchok, Pocomoke, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Cancer of the Stomach ANTECEDENT CAUSE (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH Approx. 6 Mo.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 13, 1954 , to Mar. 22, 1955 , that I last saw the deceased alive on Mar. 22, 1955 , and that death occurred at 3:50 a.m. from the causes and on the date stated above. SIGNATURE Charles W. Trader, M.D. ADDRESS M.D. Pocomoke City Md. DATE SIGNED Mar. 22, 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 3/24/55	
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery		LOCATION (City, town, or county) (State) Pocomoke, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/23/55		REGISTRAR'S SIGNATURE Mrs. Lucille Boyman	
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND

STATE DEPARTMENT OF HEALTH

3055

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY <u>SOMERSET</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN DAMES QUARTER</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN DAMES QUARTER</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>CD</u>		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) <u>KISIAH</u> (Middle) <u>HAYWARD</u> (Last)		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>31</u> (Year) <u>1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>	9. AGE last birthday <u>77</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13. FATHER'S NAME <u>ROBERT WILSON</u>		14. MOTHER'S MAIDEN NAME <u>SARAH ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>MINERVA ELZY-DAMES QUARTER, MD.</u>			

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
422.2 Immediate cause (a)..... <u>Chronic Myocarditis</u>				<u>6 years</u>
Antecedent cause(s) (b)..... <u>Chronic Bronchitis</u>				<u>20 years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 10</u> , 19 <u>50</u> , to <u>apch 30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 30</u> , 19 <u>55</u> , and that death occurred at <u>7:30 A</u> m., from the causes and on the date stated above.				
SIGNATURE <u>Eldon G. Marton</u>		ADDRESS <u>Princess Anne road</u>		DATE SIGNED <u>4-1-55</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		DATE <u>4/3/55</u>	NAME OF CEMETERY OR CREMATORY <u>Macedonia</u>	LOCATION (City, town, or county) (State) <u>DAMES QUARTER, MD</u>
DATE REC'D BY LOCAL REG. <u>4/1/55</u>		REGISTRAR'S SIGNATURE <u>R. S. Johnson, M.D.</u>		24. FUNERAL DIRECTOR <u>William H. James</u>

MARGIN RESERVED FOR BINDING

W. A. DAVENPORT

1955

1955

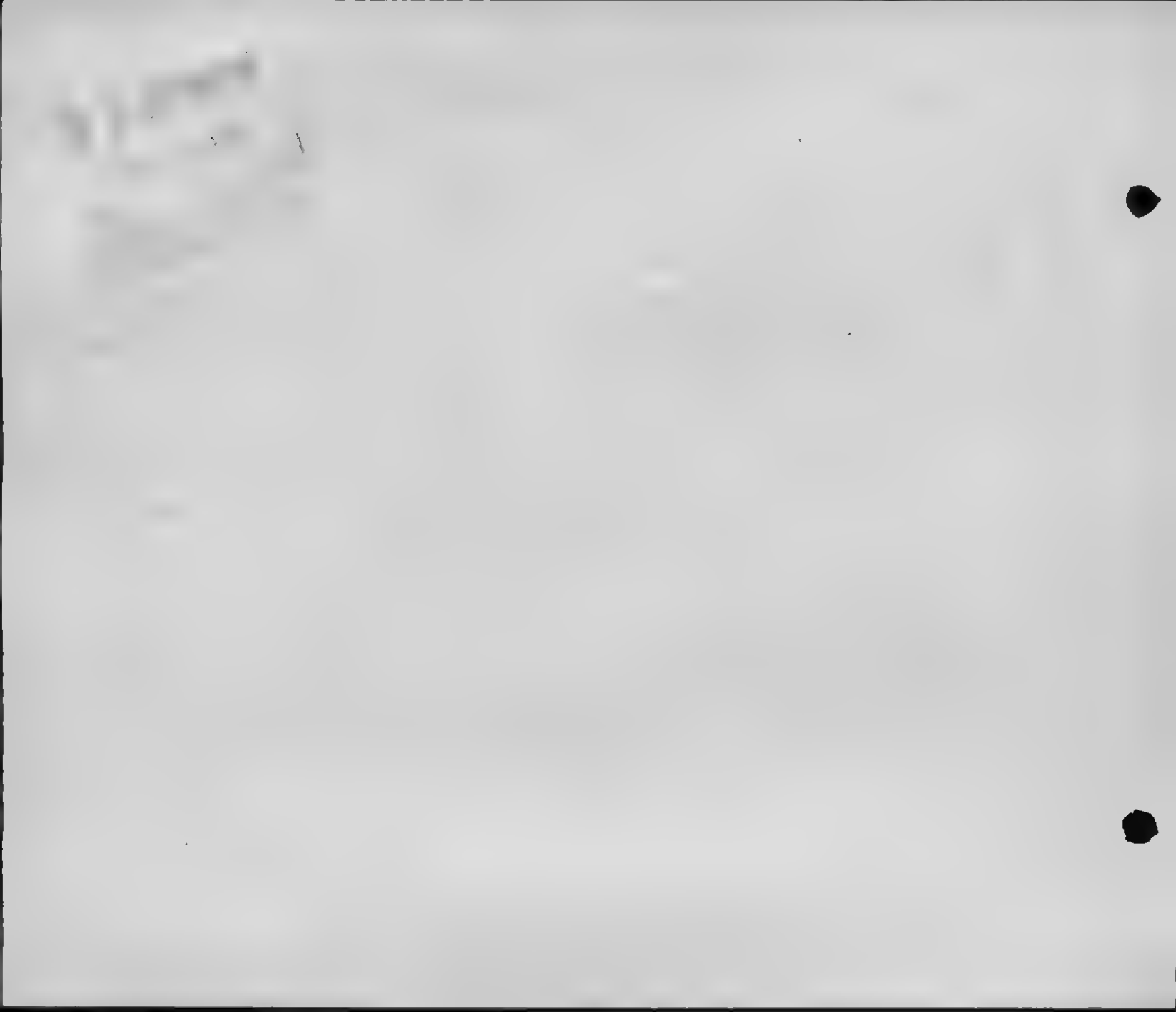
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3056
 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13038
 Reg. Dist.

No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
TOWN <u>Dames Quarter</u>	<u>all life</u>	TOWN <u>Dames Quarter</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
(First) <u>George</u> (Middle) <u>T</u> (Last) <u>Jones</u>		(Month) <u>March</u> (Day) <u>12</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <u>March 22, 1884</u>
			9. AGE last birthday: <u>70</u> yrs. <u>17</u> Months <u>12</u> Days <u>19</u> Hours <u>55</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<u>Farmer</u>		<u>Farming</u>	
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>Dames Quarter Md</u>		<u>U.S.A.</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>George W. Jones</u>		<u>May Jane Roberts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
		17. INFORMANT & ADDRESS:	
		<u>Willie Jones - Dames Quarter</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Acute coronary heart disease</u>			<u>1</u>
Antecedent cause(s) (b) <u>Chronic nephritis</u>			<u>Several</u>
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Nephritic Toxemia</u>			<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>R.H. Johnson</u>		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> DATE SIGNED <u>Mar. 15-55</u>	
		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
		M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF	
<u>Burial</u>		<u>3/16/55</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Macedonia</u>		<u>Dames Quarter Md</u>	
DATE REC'D BY LOCAL REG.		24. FUNERAL DIRECTOR	
<u>3/15/55</u>		<u>R. S. Johnson, M.D.</u>	
REGISTRAR'S SIGNATURE		ADDRESS	
<u>R. S. Johnson, M.D.</u>		<u>James J. Pincus, M.D.</u>	



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03039

3057

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Lamar</u>	MARYLAND	STATE <u>Md</u>	COUNTY <u>Lamar</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (If this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
<u>X</u> TOWN <u>Rural Princess Anne</u>	<u>Life</u>	OR TOWN <u>Rural Princess Anne</u>	<u>X</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	<u>1</u>
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(Type or Print)	(First) (Middle) (Last)	OF DEATH:	
<u>Susie</u>	<u>M. Larmore</u>	<u>Mar. 10</u>	<u>1955</u>
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:
<u>Female</u>	<u>White</u>	<u>widowed</u>	<u>Jan 2 1867</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired):		10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):
<u>Laurel life</u>			<u>Md</u>
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>William Jones</u>		<u>Sally Ann Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS:	
		<u>Miss Eddie Larmore Princess Anne</u>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE (A) <u>Congestive heart failure</u>			<u>4 hrs</u>
ANTECEDENT CAUSE (B) <u>arteriosclerosis</u>			<u>? year</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Stroke</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Transition - dehydration</u>			<u>2 years</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>53</u> to <u>2-22</u> , 19 <u>55</u> that I last saw the deceased alive on <u>2-22</u> 19 <u>55</u> and that death occurred at <u>3:30 P</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Geo M. Larmore</u>		ADDRESS <u>Princess Anne Md</u>	
DATE SIGNED <u>3-14-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
<u>burial</u>		<u>Mar 12 1955</u>	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>John Wesley Cemetery</u>		<u>Net Vernon Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
<u>3/15/55</u>		<u>R. H. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR		ADDRESS	
<u>James Larmore</u>		<u>Princess Anne Md</u>	

BUREAU V. S.

MAR 16 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18131140

3058 CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 8, Film 179 3-23-55 et

1. PLACE OF DEATH. COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>RURAL</u> OR TOWN <u>Princess Anne</u> LENGTH OF STAY (in this place) <u>2 months</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Ind.</u> COUNTY <u>X</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Ind Vernon</u> OR TOWN <u>Ind Vernon</u> X STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Myrtle L. Murray</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. <u>Married</u>		8. DATE OF BIRTH. 1899. AGE last birthday <u>64</u> yrs <u>Nov 15 1891</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered nurse</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John W. Austin</u>		14. MOTHER'S MAIDEN NAME <u>Ella Scott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS <u>By Hattie & Princess Anne Ind.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE (A) <u>Myocardial infarct</u> ANTECEDENT CAUSE (B) <u>Arteriosclerosis</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>3 years</u> <u>? years</u>	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	
21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) <u>Ind Vernon</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 19 <u>5</u> to <u>2-28-1955</u> that I last saw the deceased alive on <u>2-28-1955</u> , and that death occurred at <u>9:30 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Hes M. Plummer</u> ADDRESS <u>Princess Anne Ind.</u> DATE SIGNED <u>3-16-55</u> M.D. <u>Princess Anne Ind.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. FUNERAL DIRECTOR ADDRESS <u>Funeral Home</u> <u>Princess Anne Ind.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/18/55</u>		REGISTRAR'S SIGNATURE <u>R. H. Johnson</u>	

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3049

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 TOWN Crisfield		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) 29 TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Lawsonia Section				STREET ADDRESS (If rural give location) Lawsonia Section			
3. NAME OF DECEASED: (First) CHESTER (Middle) ROBERT (Last) NELSON				4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 55			
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Aug. 12, 1908	9. AGE last birthday: 46 yrs.	10. IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: contractor			10b. KIND OF BUSINESS OR INDUSTRY: Building	11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Alonzo W. Nelson				14. MOTHER'S MAIDEN NAME: Maggie B. Sterling			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> yes		(If Yes, give war or dates of service) WW II		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: Alonzo W. Nelson—Lawsonia—Crisfield, Md.	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Last And Death
420.1 Immediate cause (a) Coronary Disease	Don't know
Antecedent causes (s) (b) Arterio Sclerosis	Don't know
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None Known	
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify) No	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	
TIME (Month) (Day) (Year) (Hour) OF INJURY: Died Sudden	INJURY OCCURRED While at Work <input checked="" type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 19... to 19..., that I last saw the deceased alive on 19..., and that death occurred at 19... from the causes and on the date stated above.			
SIGNATURE: W. H. Coulbourn, M.D.		ADDRESS: Crisfield Md	
DATE SIGNED: 3/14-1955			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE THEREOF: Mar. 15, 1955	NAME OF CEMETERY OR CREMATORY: Sunnyridge Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 3/15/55	REGISTRAR'S SIGNATURE: Betty W. Tyler	24. FUNERAL DIRECTOR: Bradshaw & Sons	ADDRESS: Crisfield, Md.
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDWARD A. F.

1927

1927

3050

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Ind</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>29</u> <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>1 day</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>100</u>				STREET ADDRESS (If rural give location) <u>Collins St.</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Thomas Jerome Peyton</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>March 28</u> <u>1955</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>col. w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>S</u>	8. DATE OF BIRTH: <u>March 27, 1955</u>	9. AGE last birthday IF UNDER 1 YEAR yrs. Months Days Hours Min. <u>1</u>		10. IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>none</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Aaron James Peyton</u>				14. MOTHER'S MAIDEN NAME: <u>Rosa May Waters</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No. <u>2</u>		17. INFORMANT & ADDRESS: <u>Rosa Waters Peyton</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Atelectasis</u>						<u>1 day</u>	
ANTECEDENT CAUSE (S) DUE TO (B) <u>Pneumonia</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar. 28, 1955</u> to <u>Mar. 28, 1955</u> , that I last saw the deceased alive on <u>Mar. 28, 1955</u> , and that death occurred at <u>5P</u> ; M, from the causes and on the date stated above.							
SIGNATURE <u>David M. Peyton</u>				ADDRESS <u>Crisfield, Md.</u>		DATE SIGNED <u>March 28, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3-29-55</u>		NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		LOCATION (City, town, or county) (State) <u>Fairmont, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3-29-55</u>		REGISTRAR'S SIGNATURE <u>Betty W. Tyler</u>		24. FUNERAL DIRECTOR <u>Aaron James Peyton</u>		ADDRESS <u>Crisfield, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURTON V. S.

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RECEIVED

3059

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		lifetime		TOWN Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Mariners Section				STREET ADDRESS (If rural give location) R.F.D. Mariners Section			
3. NAME OF DECEASED: (First) CHARLES (Middle) FLEMING (Last) PRUITT				4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1955			
5. SEX: male		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed		8. DATE OF BIRTH: March 30, 1868	
				9. AGE last birthday: 86 yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: carpenter				10b. KIND OF BUSINESS OR INDUSTRY: self-employed		11. BIRTHPLACE (State or foreign country): Crisfield, Md.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: John Pruitt			
14. MOTHER'S MAIDEN NAME: Elizabeth Johnson				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none			
16. SOCIAL SECURITY No.: none				17. INFORMANT & ADDRESS: R.F.D. Mariners Section Lrs. Geneva Cox-- Crisfield, Md.			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 Immediate cause (a) Arteriosclerotic Heart Disease		2 wks	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary Fibrosis		12 wks	
(c)			

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb. 23, 1955, to March 6, 1955, that I last saw the deceased alive on March 4, 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.			
SIGNATURE (Degree or title)		ADDRESS	
Saul M. Peyton M.D.		Crisfield Md	
DATE SIGNED 3/2/55			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Mar. 8, 1955	
NAME OF CEMETERY OR CREMATORY Private Family Cemetery		LOCATION (City, town, or county) Crisfield R.F.D., Md.	
DATE REC'D BY LOCAL REGISTRAR 3/8/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS	
Bradshaw & Sons--Crisfield, Md.			

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

351

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 TOWN Crisfield		LENGTH OF STAY (in this place) 70 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Section				STREET ADDRESS (If rural give location) Mariners Section			
3. NAME OF DECEASED: (First) DANIEL		(Middle) EDWARD		(Last) SHEHEE		4. DATE OF DEATH: (Month) March (Day) 10 (Year) 19 55	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: July 9, 1872		9. AGE last birthday: 82 yrs. (If under 1 year) (Months) (Days) (Hours) (Min.)		
10a. USUAL OCCUPATION: Give kind of work done during most of working life, even if retired. foreman		10b. KIND OF BUSINESS OR INDUSTRY: Seafood Packing		11. BIRTHPLACE (State or foreign country): near Cambridge, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John H. Shehee				14. MOTHER'S MAIDEN NAME: Priscilla Travis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: —		17. INFORMANT & ADDRESS: Mariners Section Mrs. William M. Diggs, - Crisfield, Md.			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) ... Uremia				2 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... Chronic nephritis				few years	
(c) ... Generalized Arteriosclerosis				few years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 13, 1955, to Mar 10, 1955, that I last saw the deceased alive on Mar 10, 1955, and that death occurred at 8:00 p.m., from the causes and on the date stated above.					
SIGNATURE A. N. Baw, M.D.		ADDRESS Crisfield, Md.		DATE SIGNED March 12, 1955	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF March 12, 1955		NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	
LOCATION (City, town, or county) (State) Crisfield, Md.		DATE REC'D BY LOCAL REGISTRAR 3/15/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons-531 Main St-Crisfield, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU T. 2

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

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3060

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Som.</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>Som.</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pr. Anne Rt. 3</u>	LENGTH OF STAY (in this place) <u>30 min.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Pr. Anne Rt. 3</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Box 41</u>		STREET ADDRESS (If rural give location) <u>Rural</u>	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <u>Wayman</u>	(Middle) <u>Spence</u>	OF DEATH: <u>3</u> <u>29</u> <u>1955</u>	
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>col</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>	8. DATE OF BIRTH: <u>3-29-55</u>
		9. AGE last birthday <u>30</u> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY: <u>Infant</u>	11. BIRTHPLACE (State or foreign country): <u>Md.</u>
13. FATHER'S NAME: <u>Warren Spence</u>		14. MOTHER'S MAIDEN NAME: <u>Madeline Holbrook</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL SERVICE (Yes, no, or unk.): (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Madeline Spence - Rt. 3 - Pr. Anne, Md.</u>	
16. SOCIAL SECURITY NO. <u>None</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE <u>762.5</u>			
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST			
(A) <u>Cerebral</u>			
DUE TO			
(B) <u>Pneumonia</u>			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-5-55</u> , and that death occurred at <u>Pr. Anne, Md.</u> , from the causes and on the date stated above.			
SIGNATURE <u>R. J. Johnson M.D.</u>		DATE SIGNED <u>12-5-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3/30/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Family Cem. in Venton</u>		LOCATION (City, town, or county) (State) <u>Rt. 3 - Pr. Anne, Somerset</u>	
DATE REC'D BY LOCAL REGISTRAR <u>3/30/55</u>		24. FUNERAL DIRECTOR ADDRESS <u>Warren Spence - Rt. 3 - Pr. Anne, Md.</u>	
REGISTRAR'S SIGNATURE <u>R. J. Johnson M.D.</u>			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03046
3061 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Crisfield (Rural)	LENGTH OF STAY (in this place) 93 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Crisfield	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Section		STREET ADDRESS (If rural give location) Asbury Section	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) Albert	(Middle) Wesley	(Last) Sterling	(Month) March 16, 19 55
5. SEX: Male		6. COLOR OR RACE: White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower		8. DATE OF BIRTH: April 3, 1851	
9. AGE last birthday: 93 yrs.		10. MONTHS 11, DAYS 14, HOURS, MIN.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Meat cutter		10b. KIND OF BUSINESS OR INDUSTRY: Webb Packing Co.	
11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Nelson Sterling		14. MOTHER'S MAIDEN NAME: Harriett B. Lawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None	
17. INFORMANT & ADDRESS: Miss. Mary Sterling, Crisfield, Md.			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
332X Immediate cause (a) Cerebral thrombosis with hemiplegia		2 wks.	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) left side			
(c) Senile arterio-sclerosis		years.	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1952, to 3-16, 1955, that I last saw the deceased alive on 3-16, 1955, and that death occurred at 10:30 PM; from the causes and on the date stated above.			
SIGNATURE C. Hawley M.D.		ADDRESS Crisfield, Md.	
DATE SIGNED			
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF March 20, 1955	
NAME OF CEMETERY OR CREMATORY Asbury emetery		LOCATION (City, town, or county) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3/19/55		REGISTRAR'S SIGNATURE Betty W. Tyler	
24. FUNERAL DIRECTOR		ADDRESS Durward Q. Covington, Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 21 1955

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Crisfield		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) Katie (Middle) Sue (Last) Tawes				4. DATE OF DEATH: (Month) March 14, (Day) 19 (Year) 55			
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant		8. DATE OF BIRTH: March 14, 1955	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired:				10b. KIND OF BUSINESS OR INDUSTRY:		9. AGE last birthday: If UNDER 1 YEAR: Months Days Hours Min. 11	
11a. BIRTHPLACE (State or foreign country): Maryland				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME: Elwath Webb Hall Tawes				14. MOTHER'S MAIDEN NAME: Catherine Scott Alason			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.: None		17. INFORMANT & ADDRESS: Elwath W.H. Tawes, Crisfield, Md.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
774X Immediate cause (a) premature separation of placenta DUE TO						10 days	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR? 11 hours			
22. I hereby certify that I attended the deceased from 19 to Mar. 14, 1955, that I last saw the deceased alive on Mar. 14, 1955, and that death occurred at 10:25 P.M., from the causes and on the date stated above.							
SIGNATURE George C. Lovell M.D.		(Degree or title)		ADDRESS Marion Sta. Md.		DATE SIGNED 3-15-55	
23. BURIAL, CREMATION, (Specify) Burial		DATE THEREOF March 15, 1955		NAME OF CEMETERY OR CREMATORY Crisfield		LOCATION (City, town, or county) (State) Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR 3-15-55		REGISTRAR'S SIGNATURE Nellie D. Payne		24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md.		ADDRESS	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAR 21 1955

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